



U. S. ENVIRONMENTAL PROTECTION AGENCY

# ACCREDITATION APPLICATION

## FOR TRAINING PROGRAMS

**Important:** Consult the *Instructions for Training Programs* and the official requirements reprinted there to complete this form. **Please type or print responses in black or blue ink only.**

### A. Course(s) to be Accredited or Re-Accredited

Select at least one of the following, as appropriate. Also select from the disciplines listed below.

- ☐ Application for Initial Accreditation  
☐ Renewal of Accreditation  
☐ Replacement of a lost certificate

Check as many boxes as necessary to indicate the course(s) for which training course accreditation or re-accreditation is sought:

#### Inspector

- ☐ Initial  
☐ Refresher

#### Risk Assessor

- ☐ Initial  
☐ Refresher

#### Abatement Worker

- ☐ Initial  
☐ Refresher

#### Supervisor

- ☐ Initial  
☐ Refresher

#### Project Designer

- ☐ Initial  
☐ Refresher

Official Use Only

**For information on EPA  
and other lead programs,  
see the web site:  
<http://www.epa.gov/lead/>**

### B. Applicant Information

Name of Training Program: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Business, State, Government, etc.

Street Address, Suite No.

City

State

Zip Code

Mailing Address: \_\_\_\_\_

(if different from above)

Address

City

State

Zip Code

Applicant's Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ ext. \_\_\_\_ Applicant's Fax #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

Do you request a fee waiver as a: ☐ Local government applicant ☐ State government applicant

☐ Nonprofit applicant: 501(c)(3) IRS-issued number: \_\_\_\_\_

If your training program designation is nonprofit, specify the 501(c)(3) IRS issued number above and submit a copy of an official IRS letter confirming such designation.

Please list all locations at which training will take place. Attach additional sheets of paper if necessary.

Street Address, Suite No. (Please, no P.O. Box)

City

State

Zip Code

Street Address, Suite No. (Please, no P.O. Box)

City

State

Zip Code

Street Address, Suite No. (Please, no P.O. Box)

City

State

Zip Code

Street Address, Suite No. (Please, no P.O. Box)

City

State

Zip Code

### C. Qualifications of Training Program Manager

For more information, see the instructions and the official requirements (40 CFR § 745.225(c)) reprinted there.

Name of Training Program Manager: \_\_\_\_\_  
 Last First Middle

Training Program Manager's Title: \_\_\_\_\_

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Name the colleges, graduate schools, and/or technical, vocational, or special trade schools that the training program manager has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated, if applicable.

School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated
School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated
School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated
School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated

Please indicate how the training program manager satisfies the requirements of §745.225(c)(1):

Construction industry: ☐ Experience or ☐ Education or ☐ Training

Location: \_\_\_\_\_ Years: \_\_\_\_\_  
City State

and one of the following:

☐ Teaching workers or adults: ☐ Experience or ☐ Education or ☐ Training  
 Location: \_\_\_\_\_ Years: \_\_\_\_\_  
City State

If applicable, indicate: Date training completed: \_\_\_\_\_  
Month/Day/Year

Date teaching certification received: \_\_\_\_\_  
Month/Day/Year

or:

☐ Bachelor's or graduate degree in an appropriate field, listed above;

or:

☐ Experience managing a training program specializing in environmental hazards;

Program Name: \_\_\_\_\_ Years: \_\_\_\_\_

Name of Training Center: \_\_\_\_\_ Location: \_\_\_\_\_  
City State

#### D. Qualifications of Principal Course Instructor

For more information, see the instructions and the official requirements (40 CFR § 745.225(c)) reprinted there.

Name of Principal Course Instructor: \_\_\_\_\_  
Last First Middle

Training Program Manager's Title: \_\_\_\_\_

Previous and/or Maiden Name(s), if applicable: \_\_\_\_\_

Name the colleges, graduate schools, and/or technical, vocational, or special trade schools that the principal course instructor has attended. Please indicate hours completed, highest level completed, major course of study, degrees received, and year graduated, if applicable.

School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated
School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated
School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated
School	Course of Study	Hours Completed	Highest Level Completed	Degree(s) Received	Year Graduated

Please indicate how the principal course instructor satisfies the requirements of §745.225(c)(2):

- Teaching workers or adults: ☐ Experience ☐ Education or ☐ Training

Location: \_\_\_\_\_ Years: \_\_\_\_\_  
City State

If applicable, indicate: Date training completed: \_\_\_\_\_  
Month/Day/Year

Date teaching certification received: \_\_\_\_\_  
Month/Day/Year

- Completion of accredited lead-specific training. Check as many as apply and complete information for each. Attach additional sheets of paper if necessary.

Discipline: ☐ Inspector ☐ Risk Assessor ☐ Supervisor ☐ Project Designer ☐ Abatement Worker

Specify EPA or name of accrediting EPA-authorized State, Territory, or Tribe: \_\_\_\_\_

Name of Trainer: \_\_\_\_\_ Name of Training Center: \_\_\_\_\_

Training Center Address: \_\_\_\_\_  
Street Address, Suite No. City State Zip Code

Training Center Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ ext. \_\_\_\_ Date Training Completed: \_\_\_\_\_  
Month/Day/Year

- ☐ Experience or ☐ Education or ☐ Training in an appropriate field

Field: \_\_\_\_\_

Location: \_\_\_\_\_  
City State

Years of applicable experience or education: \_\_\_\_\_

## E. Other Qualifications

Discipline in which last accreditation received: \_\_\_\_\_ Date received: \_\_\_\_\_  
Month/Day/Year

Name and Location of Training Program: \_\_\_\_\_  
Name Location (City, State)

Course title(s), if applicable: \_\_\_\_\_

Have you received approval for training courses from a State, Territory, or Indian Tribe? **Yes** **No**  
(circle one)

If **yes**, please attach a detailed explanation.

Do you hold current permits, licenses, certifications, or registrations in the lead-based paint activity field in any area/region? **Yes** **No**  
(circle one)

If **yes**, please fill in the following blanks, one line for each permit, license, certification, or registration. Attach additional sheets of paper if necessary. For more information, see the instructions and the official requirements reprinted there.

Discipline in which certification held	Area/Region (list State, Territory, or Indian Tribe name).	Certification/Identification Number	Date received
Discipline in which certification held	Area/Region (list State, Territory, or Indian Tribe name).	Certification/Identification Number	Date received
Discipline in which certification held	Area/Region (list State, Territory, or Indian Tribe name).	Certification/Identification Number	Date received
Discipline in which certification held	Area/Region (list State, Territory, or Indian Tribe name).	Certification/Identification Number	Date received

## F. Areas/Regions

Please list all areas or regions in which you intend to conduct lead-based paint activity training. If listing a tribal area, include the Tribe's full name and mailing address. Attach additional sheets of paper if necessary.

The fee that you must pay is affected by the number of areas/regions in which you plan to conduct training. See the **FEE SHEET**, included with this form, for the fee you must include with your application.

## G. Training Course Material

Will you be using EPA-recommended model training materials or EPA-authorized State, Territory, or Indian Tribe approved training materials? Yes    No  
(circle one)

If no, please see the instructions for alternative training materials.

## H. Additional Information

Use the following space for any additional information or comments that you feel are relevant and should be considered with the application. Attach additional sheets of paper if necessary.

## I. Certification Statement

**Privacy Act Statement:** This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. §552a. The authority for collecting this information is 40 C.F.R. Part 745, and 15 U.S.C. §§2682 and 2684. The information collected on this form will be used to establish the applicants eligibility to receive accreditation to conduct training in the field of lead-based paint activities in target housing and child-occupied facilities. Disclosure of this information is voluntary, however, the failure to provide this information may delay or prevent an applicant's accreditation. This information may be disclosed in appropriate and limited circumstances to: EPA employees, contractors, grantees or others when performing duties that are compatible with the purpose for which this information is collected and when this information is necessary to complete the task; a member of Congress in response to a request made with your consent and on your behalf; to appropriate law enforcement agencies responsible for investigating, enforcing, prosecuting or implementing specific statutes, codes or regulations and this information is relevant to that responsibility; an appropriate adjudicative body when such disclosure is compatible with the purpose for which this information is collected and the EPA or the United States has an interest in the proceeding; and the Department of the Treasury, the General Services Administration, the General Accounting Office and other Federal, State, and Local Agencies for authorized activities related to this information.

I certify that the lead-based paint activity training program described in Parts A through G of this application, including any attachments, meets the requirements established in paragraph (c) of 40 CFR § 745.225. I hereby attest and affirm that the information included on this application, including any attachments, is true and accurate to the best of my belief and knowledge. I acknowledge that any accreditation issued pursuant to this application, including any attachments, will be subject to revocation if issuance was based on incorrect or inadequate information that materially affected the decision to issue the accreditation. I also attest and affirm that I will maintain my accreditation(s) according to 40 CFR § 745.225 and conduct lead-based paint activities training only in those fields in which I have received accreditation.

A false statement on this form may lead to prosecution under 18 U.S.C. 1001 or to imposition of applicable criminal and civil penalties and/or administrative remedies.

\_\_\_\_\_  
Training Program Manager's Signature

\_\_\_\_\_  
Date Signed

### Before you mail your application, check to make sure that you have:

- |   |   |
|---|---|
| <input type="checkbox"/> Filled out all sections of the application that apply  | <input type="checkbox"/> Enclosed a description of procedures for hands-on training                                     |
| <input type="checkbox"/> Enclosed education, experience, and other documents for the Training Program Manager and Principal Course Instructor | <input type="checkbox"/> Enclosed course manual(s) and course agenda(s) (if not using EPA training materials)           |
| <input type="checkbox"/> Enclosed a quality control plan  | <input type="checkbox"/> Signed and dated the application   |
| <input type="checkbox"/> Enclosed a copy of the course test blueprint   | <input type="checkbox"/> Enclosed the appropriate accreditation fee(s) -- see the <b>FEE SHEET</b> for more information |
| <input type="checkbox"/> Enclosed a description of facilities and equipment   | <input type="checkbox"/> Made a copy of your application for your files   |

**Mail original completed application  
and supporting materials to:**

U.S. Environmental Protection Agency  
OPPTS/ Lead-Based Paint Activities Training Accreditation Request  
401 M Street, SW (Mail Code: 7404)  
Washington, D. C. 20460